



CITY OF MOUNT VERNON
Mount Vernon Police Department



Office of the Chief of Police
 5 North Gay Street
 Mount Vernon, Ohio 43050-3241

MOUNT VERNON POLICE DEPARTMENT
COMPLAINT AGAINST OFFICER FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: Home (____) _____ - _____ Cell (____) _____ - _____

Work (____) _____ - _____ Other (____) _____ - _____

E-MAIL (optional): _____

WITNESS INFORMATION (Name, Address, Phone Number) _____

**The person filing this complaint is not required to provide their name or contact information. Even anonymous complaints shall be taken seriously and documented in sufficient detail to allow for follow-up investigation. (Article 11 Paragraph 8 Internal Revenue) However, if no evidence is found to support the complaint, the complaint will be marked as unfounded and no action will be taken. (Article 11 Paragraph 8D)

NARRATIVE: *(On the lines below state the information that has caused you to file this complaint.)* 2921.15(B) No person shall knowingly file a complaint against a peace officer that alleges that the peace officer engaged in misconduct in the performance of the officer's duties if the person knows that the allegation is false. (By signing I am acknowledging that I have read and understand the above statement and any false allegation is subject to prosecution).

OFFICER'S NAME: _____ CRUISER #: _____

Date, Time and Location of Alleged Misconduct:

 COMPLAINANT SIGNATURE

 DATE

 CHIEF OR HIS DESIGNEE SIGNATURE

 DATE